SUBMIT: <u>COMPLETED</u> APPLICATION, TAX STATEMENT AND FEE TO: **Bayfield County** 

Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138

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Date	Stamp	(Receive	d)		5		
		JUN	1 1	0 2	019		

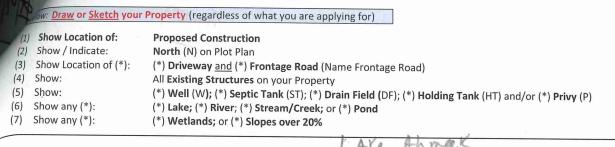
	\$250 LU\$	50 Reconnect
SED,	Permit #:	19-0232
	Date:	7-16-19
	Amount Paid:	\$200 6-10-19
	Refund:	

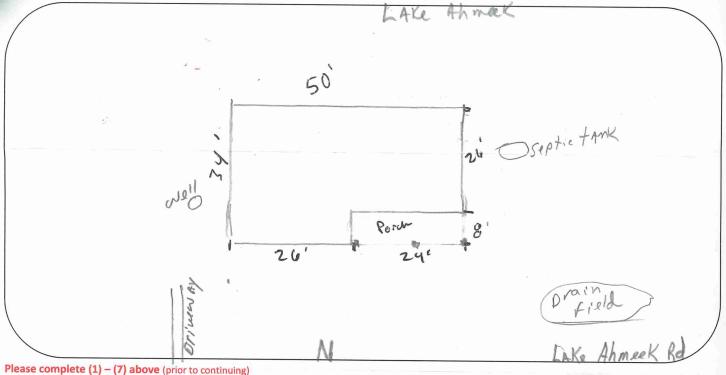
INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN IS

Bayfield Co. Zoning Dept.

Owner's Name:	REQUES	STED-	LAN	D USE   SAI			CONDITION	AL USE SPEC	CIAL USE	□ B.O.	A. 🗆 C	OTHER
	,	, 0	1.			ng Address:		//State/Zip:	e.		Telephon	ie:
Michael C Address of Property 5005 LAK	2 A	RDa	rd		5%	S Hammond State/Zip:	HUR Sq	perior, WI	54	880		
Address of Property	r: /		/									ie: 2/8 —
Contractor:	Ahn	neek	Rd		Iro	ractor Phone:	5489	7			590	-3470
Self/ Leba	~/ <i>/</i>	1							11	-	Plumber	
Authorized Agent:				If of Owner(s))	Agent	590 3 478 / t Phone:	Agent Mailing A	dress (include City)	tate/7in):	ating !		9 9774 Authorization
				1				(	reaccy Zipy.		Attached	
PROJECT					Tax ID	# (4-5 digits)			Recorded	Deed (i.e. # a	☐ Yes	□ <b>No</b> Register of Deed
LOCATION	Lega	l Descrip	otion: (Use T	ax Statement)	_	18747	3780	14	Document	#: 2018	R-	57293
SW 1/4,	ME	4.14	Gov't	Lot Lot(s)	cs	/	Lot(s) No		Subdivis			
1/4, _	NA	_ 1/4	5		2	037 12/76						
Section 2	6	Townshi	47	N, Range 9		Town of:	,	-	Lot Size	59 F	Acreag	ge
	,	70 00 113111		iv, ivalige	_ vv	Hu	gh s		204,	600	4	.70
	□ Is	Property	//Land withi	n 300 feet of Rive	er. Stre	am (incl. Intermittent)	Distance Stru	acture is from Shor	/			
☐ Shoreland →	Cree	k or Lan	dward side o	of Floodplain?		escontinue>			feet	Is Prope Floodplai		Are Wetlands Present?
- Siloreland -	≱ Is	Property	//Land withi	n 1000 feet of Lal			Distance Stru	ucture is from Shor	eline :	□ <b>Y</b>		☐ Yes
	4				If y	escontinue>		80	feet	2-1	lo	₽No
☐ Non-Shoreland												
Value at Time	A A.				-	Rugo en estado e						
of Completion		Proje	ct	# of Storie	s		#		What Ty	pe of		
* include donated time &		110,0		and/or basen		Use	of			ry System		Water
material							bedrooms	Is	on the pi	roperty?		
			ruction	≥ 1-Story		☐ Seasonal	□ 1	☐ Municipal/0	City			☐ City
\$ 000 000			Alteration	☐ 1-Story + l	.oft	Year Round	<b>%</b> 2	☐ (New) Sanit	ary Spec	ify Type: _		_ Well
\$ 80,000		version		☐ 2-Story			□ 3	Sanitary (Ex	<b>ists)</b> Spe	cify Type: 🤰	e e pag s	2 🗆
-			xisting bldg) ness on	☐ Basement  ■ No Basem				☐ Privy (Pit)	or 🛂 Va	ulted (min	200 gallo	n)
	_	perty	11033 011	☐ Foundatio			☐ None	Portable (w.	service co	mtract) / q	9807	-
				5 Shb				-None Life	Lauma	Lang /	500 90	0/
Existing Structure	· lif no	roalt bais	o a sulta d fa	-:		1	7		pary		-	
Proposed Constru			ig applied to	r is relevant to it)		Length: 50		Width: 34'		Hei		14'
						zengem je		width. 57		Hei	gnt:	/ 7
Proposed Use	e	1				Proposed Structu	re		1	Dimension	s	Square
		1	Princinal	Structure (first	struct	ture on property)						Footage
				e (i.e. cabin, hui					(5	0 'X 3	7)	(1700
			-	with Loft					1	X	1	TFOO
Residential U	Jse			with a Porch					(	8'X 25	(1)	192
				with (2 <sup>nd</sup> ) Po	rch				(	Х	)	
				with a Deck					(	Х	)	
☐ Commercial	llsa			with (2 <sup>nd</sup> ) De					(	Х	)	
	030		Dunkhau	with Attache					1	Х	) .	
			Mobile	se w/ ( sanitary	<u>, or</u> ∟	sleeping quarters,	<u>or</u> □ cooking &	food prep facilities	5) (	Х	,)	
			Addition	Alteration (an	red dat	te)			(	X	)	
☐ Municipal U	se		Accessor	/ Building (spe	cify)				1	X	)	
						Iteration (specify)			1	Х	)	
				, James Audit		(specify)			1		1	
			Special Us	se: (explain)					1	X	1	
			Condition	al Use: (explain)					1	Х	)	
			Other: (ex						(	X	)	
						TING CONSTRUCTION V		TAME BEGINS IN SE	ALTICO			
I (we) declare that this	applicatio	n (including	any accompany	ing information) has be	en exami	ined by me (us) and to the	hest of my (our) kno	wledge and boliof it is tru	o correct and	complete. I (w	ve) acknowle	dge that I (we)
may be a result of Bay above described prope	riela Cour	ity relying	on this informati	on I (we) am (are) pro-	viding in	and that it will be relied up or with this application. I	(we) consent to cour	nty in determining whether only officials charged with	er to issue a p administerin	ermit. I (we) fu g county ordina	irther accept nces to have	liability which access to the

above described property at any reasonable time for the purpose of inspection.	
Owner(s): Muhael & Lebasa (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	Date 6/6/2019
Authorized Agent:  (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	Date
Address to send permit 5425 Hammond Ave Syperior w' 54880	Attach Copy of Tax Statement the property send your Recorded Deed





(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measuren	nent		Description	Measurem	nent
a fire	4-44			Deck		
Setback from the <b>Centerline of Platted Road</b>	949	Feet		Setback from the Lake (ordinary high-water mark)	75 80	Feet
Setback from the Established Right-of-Way	411	Feet	iii z	Setback from the River, Stream, Creek	NA	Feet
				Setback from the Bank or Bluff	NA	Feet
Setback from the <b>North</b> Lot Line	444	Feet		· · · · · · · · · · · · · · · · · · ·	7-4	
Setback from the <b>South</b> Lot Line	80	Feet		Setback from Wetland		Feet
Setback from the <b>West</b> Lot Line	230	Feet		20% Slope Area on property	Yes	No
Setback from the East Lot Line	230	Feet		Elevation of Floodplain		Feet
Setback to Septic Tank or Holding Tank	12	Feet		Setback to Well	14	Foot
Setback to <b>Drain Field</b>	300	Feet			/ /	Feet
Setback to Privy (Portable, Composting)		Feet				

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	19807	# of bedrooms: 7	Sanitary Date:	120/1991
Permit Denied (Date):	Reason for Denial:				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
Permit #: 19-0232	Permit Date:	16-19			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes   (Deed of Reco   Yes   Ye	JONO JONO JONO	Mitigation Required Mitigation Attached	Yes YNO Yes Ao	Affidavit Required Affidavit Attached	□ Yes Y No □ Yes Y No
Granted by Variance (B.O.A.)  ☐ Yes YNO Case #:   A		Previously Granted by		ase #: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated  WYes □ No		Were Property Line	es Represented by Own Was Property Surveye	ed Yes CSM	2037   No
	be Replaced	deck is 45	from OAW	Zoning District Lakes Classification	(21 ) on (2 )
Date of Inspection: 12 19	Inspected by:	but Sch	nimman	Date of Re-Inspec	ction:
Structure CAN be No	ched? I Yes I No - (If	No they need to be atta	oched.)	Must (	Contact
Local Uniform Awaling	Code (UE		How Agen	, ey and	Secure
a UDC Perm 14 as i	couloed	by State	e Statute		
Signature of Inspector:	7/4/	(.)		Date of Appro	oval: 7/16/19
Hold For Sanitary:  Hold For TBA:	Hold For Affi	davit:	Hold For Fees: □		

wn, City, Village, State or Federal ermits May Also Be Required

LAND USE - X
SANITARY - Reconnect (149807)
SIGN SPECIAL CONDITIONAL -

BOA -

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	0232	2	Issued	d To:	Michael	Lebard							
Location:	-	1/4	of -	1/4	Sectio	n <b>26</b>	Township	47	N.	Range	9	W.	Town of	Hughes
Gov't Lot			Lot	1		Block	Su	bdivisio	on				CSM#	2037
			lota	l Over	all = 1,	892 sq.								,
onditio	n(s):		cture c C) insp	an be i	no clos agenc	ser thar y and s	175' to OH\ ecure a UD	VM. N C per	lust o	contact l	loca ed b	l Unit	form Dwe ate Statut	lling Code e.
OTE: The	nis perm ork or la	nit expi	res one ye has not b	ar from d egun.	ate of iss	uance if th	e authorized co	nstructio	on	T-		Ro	b Schierr	man
Cr Th	nanges is perm	in plan it may	s or specif be void or	ications s revoked	shall not b	e made w he applica	ithout obtaining tion informatior	approva	al.		Α	uthoriz	zed Issuing	Official
			srepresent					i io iodili	4			Jul	ly 16, 201	9
Th co	is perm mpleted	it may I or if a	be void or	revoked ory condi	if any per itions are	formance violated.	conditions are r	not					Date	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:

Bayfield County Planning and Zoning Depart. PO Box 58 Washburn, WI 54891 (715) 373-6138



Permit #:	19-0003T
Date:	2-16-19
Amount Paid:	\$50 7-10-19
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

Authorized Agent:

Address to send permit \_

DO NOT START CONSTR	OCTION L	INTIL ALL	PERIVITS HAV	E BEEN ISSUED TO APP	LICANI.						
TYPE OF PERMIT R	REQUEST	TED→	☐ LANE			CONDITIONA		IAL USE	☐ B.O.A.	10	THER Tempor
Owner's Name:	. ,	0	1	1	ailing Address:		/State/Zip:		l	elephone	e:
Michael 6	- Le	baro	(	5	115 Hammo	nd Ave S	aperior, w	, 54	880	all Dhau	. 2.0
Address of Property  5005 Lake	1/	U	01		y/State/Zip:	1 11-1	v				e: 218
SOOS Lake	Ahms	21	70		Tron River, Contractor Phone:	5788	7				-3470
Self /4	Rand	1 Gr	-7	V 2022	TO TO TO THE PART OF THE PART	15 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5 ( 5 (	12 Table 12	2 1 H		lumber P ひと フィ	997774
Authorized Agent: (F				f of Owner(s)) Ag	8 590 3 470 ent Phone:	Agent Mailing Ad	Idress (include City/	tate/Zip):	V		uthorization
				_						ttached	□ No.
PROJECT				Bit	<u>V: (23 di</u> gits)			Recorded			No erty Ownership)
LOCATION	Legal	Descript	tion: (Use T	ax Statement) 04	TAX IO* 18	747 3	7804	Volume	2018R	Page(	32936
SW 1/4,	ATVE	3 10	Gov't		CSM Vol & Page	Lot(s) No	Block(s) No.	Subdivisi	on:	-	
1/4,	// /-	1/4	5		2037 12/70						
Section 2	6 т	ownshin	ALE I	N, Range W	Town of:	,	•	Lot Size	84 KT	Acreag	
30000011 <u>-20</u>		Ownship	47	v, runge vv	Hug	hs		204,	600	4.	20
	☐ Is F	roperty	/Land withir	n 300 feet of River, S	tream (incl. Intermittent)	Distance Stru	icture is from Sho	reline :	In Dunnan		A 10/-11
□ Chamaland	Creel	or Land	dward side o	of Floodplain?	If vescontinue -			feet	Is Proper Floodplain		Are Wetlands Present?
□ Shoreland →	Is P	roperty	/Land withir	1000 feet of Lake, I	ond or Flowage	4 4	cture is from Sho	reline :	□ Ye		☐ Yes
					f yescontinue			feet	4 No	כ	₹ No
☐ Non-Shoreland										ì	
Value at Time	4.54						real buildings	114445			
of Completion		Dunia		# of Stories		#		What Ty	pe of		
* include		Proje	ct	and/or basemen	t Use	of	THE RESERVE OF THE PARTY OF THE		ary System		Water
donated time &				and or busemen		bedrooms	ls	on the p	roperty?		
material	☐ Nev	v Const	ruction	☐ 1-Story	☐ Seasonal	<b>1</b>	☐ Municipal/	City		10.50	☐ City
			Iteration	☐ 1-Story + Loft			☐ (New) Sani		cify Type:		□ Well
s none		version		☐ 2-Story	X Temporary	′ □ 3	☐ Sanitary (Ex			1.	
	Relo	cate (ex	kisting bldg)	☐ Basement			☐ Privy (Pit)			00 gallor	n)
	Run	a Busin	ness on	➢ No Basement	.	□ None	Doutskie /	1	natro et l		
				MO Dasement		- None	☐ Portable (w	/service co	miraci)		
		erty		☐ Foundation		- None	☐ Compost To		ontract)		
	Prop					None			ontract)		
Existing Structure		perty		☐ Foundation			☐ Compost To			ht: S	9/
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Proposed Constru	e: (if per	mit beir	ng applied fo	Foundation r is relevant to it)	Length: 50	ure	☐ Compost To	pilet /	Heig Heig	ht:	
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Wi 54880 Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Date

**Attach** 

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

(3) Show Location of (\*): (\*) **Driveway** and (\*) **Frontage Road** (Name Frontage Road)

(4) Show: All Existing Structures on your Property

(5) Show: (\*) Well (W); (\*) Septic Tank (ST); (\*) Drain Field (DF); (\*) Holding Tank (HT) and/or (\*) Privy (P)
(6) Show any (\*): (\*) Lake; (\*) River; (\*) Stream/Creek; or (\*) Pond

(7) Show any (\*): (\*) Wetlands; or (\*) Slopes over 20%

Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

SO Feet				
		Setback from the <b>Lake</b> (ordinary high-water mark)	110	Feet
27 Feet		Setback from the River, Stream, Creek	No	Feet
		Setback from the Bank or Bluff	NO	Feet
5/S Feet				
7 Feet		Setback from Wetland	NA	Feet
S Feet		20% Slope Area on property	☐Yes	No
5 Feet		Elevation of Floodplain		Feet
Foot		Cothook to Well	10	
Feet		Setback to well	13	Feet
Feet	Del			
AT ST.	Feet Feet Feet Feet Feet Feet	Feet Feet Feet Feet Feet Feet	Feet Setback from Wetland  20% Slope Area on property  Feet Elevation of Floodplain  Feet Setback to Well  Feet Feet	Feet Setback from Wetland  YUA  Feet 20% Slope Area on property Yes  Feet Elevation of Floodplain  Feet Setback to Well  Feet Feet

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)	Sanitary Number:	5807	# of bedrooms:	Sanitary Date:	120/1991
Permit Denied (Date):	Reason for Denial:				
Permit #: 19-6003T	Permit Date: )-/(	0-19			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming    Yes (Deed of Record   Yes (Fused/Contigue)   Yes   Yes	ous Lot(s)) No	Mitigation Required Mitigation Attached	□ Yes ≯No □ Yes →No	Affidavit Required Affidavit Attached	□ Yes ⊅No □ Yes □ YNo
Granted by Variance (B.O.A.)  ☐ Yes PAO Case #: NA		Previously Granted by		se #: NA	
Was Parcel Legally Created Was Proposed Building Site Delineated  Was Proposed Building Site Delineated  Was Parcel Legally Created  Was Parcel Legally Created  Was Parcel Legally Created		Were Property Line	was Property Surveyed		2037   No
New CALIN is built.	M.H. To be	Moved on	d used while	Zoning District Lakes Classification	(2)
Date of Inspection: 7/12/19	Inspected by:	but Juhi	erman	Date of Re-Inspec	ction:
Condition(s): Town, Committee or Board Conditions Attack Temporary Placement May be renewed f	hed?   Yes   No -(If No )	Remove	ched.) within	2 months	of issuauc
May be renewed for	or addition	, Nal G Mo	whs with	- New A	pplication
Signature of Inspector:	(5)		100	Date of Appro	oval: 7/16/19
Hold For Sanitary:  Hold For TBA:	Hold For Affida	avit: 🗆 H	Hold For Fees: 🗌		

wn, City, Village, State or Federal ermits May Also Be Required

TEMPORARY

LAND USE - X SANITARY - 149807 (5/20/1991) SIGN -SPECIAL -CONDITIONAL -BOA -

completed or if any prohibitory conditions are violated.

## BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

No.	19-	0003	Т	Issue	d To: N	lichae	l Lebard							
_ocatio	on: -	1/4	of -	1/4	Section	26	Township	47	N.	Range	9	W.	Town of	Hughes
Gov't Lo	ot		Lot	1	В	lock	Su	bdivisio	on				CSM#	2037
		Ton	1 2007251	- Story	ment or	e Hom	ing existing existing e (14' x 50' ust remove application	) = 700 withir	12 r	nonths	of is	suan	ce. May b	e renewed for
IOTE:	This nerr						the authorized c						ob Schier	
OTL.	work or la	and us	e has not	begun.							ė	Author	ized Issuing	Official
	This perr	nit may	y be void	or revoke	shall not b d if any of t oneous, or i	he applic	without obtainin cation informatic ete.	g approv on is four	ral. nd			Jı	uly 16, 20 <i>1</i>	19
													Date	